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BRANSBY B. COOPER'S LECTURES ON AMPUTATION.

[Continued from page 383.]

When from the operation of any of the causes enumerated in the last lecture, whether their action be immediate or secondary, the removal of a limb is determined on by the surgeon, the operation ought to be performed as soon as he believes his patient capable of sustaining the shock; for if the proper moment be permitted to pass, time may be given for the accession of a train of symptoms which may totally prevent recourse being had to the operation at a future period, at least with any reasonable hope of success. Moreover, there can be no advantage in delay when the constitution is suffering from the effects of a severe local injury. Primary operation should always, therefore, be resorted to as soon as the necessity for operation is determined on; unless, as I have said before, some constitutional symptoms render delay positively imperative.

If the patient be in a state of considerable prostration, stimuli must be administered: the operation may then be performed as soon as re-action is established. But it may and does indeed frequently happen, that at the time of the accident which rendered amputation necessary, lesion of some vital organ may have been produced: under such circumstances amputation ought never to be had recourse to; and on the possibility of such an occurrence it is that surgeons always wait for re-action to take place, before they submit a patient to a surgical operation.

It is not only external violence, however, that leads to the necessity of the removal of limbs, but the diseases of bones, affections of joints, and malignant growths of all kinds, are not unfrequent sources of such an alternative; and under any of these circumstances the same precautions are necessary in the just appreciation of the patient's power to bear the operation, as when constitutional deterioration has arisen from mere local lesions; and the same considerations determine the question as to whether the diseased limb ought to be sacrificed, or whether the vital powers of the patient be sufficient to overcome the diseased action.

In cases of malignant disease no such hope can be entertained, and the only question then is, whether the malady has not propagated itself to some other part, under which circumstances it would be both cruel and useless to extirpate only a part of the developed malady.

When amputation is determined on, and the time fixed for its performance, I think it is a matter of but little importance as to the choice of the different methods by which it is to be performed. I shall, however, give a description of the varieties in the modes employed by modern surgeons.

The methods of amputating now practised are three: they are termed the *circular*, *oblique*, and *flap* operations; but before any of them are undertaken there are very important preliminary (but too frequently esteemed secondary) considerations to be dwelt on.

The period of the day at which the operation should be performed I consider to be a matter of no little consequence. I always prefer the morning: first, because there is a benefit derived from the patient's better condition to support the shock soon after a night's rest; second, because the earlier the period in the day, the less time the patient has to brood over the dreaded ordeal; and third, because there is plenty of time before the hour of rest for him to have recovered from the shock inseparable from such an operation, and for the securing of arteries should any secondary hæmorrhage take place—an occurrence which is always much more frightful to the patient if it occur during the night, and the difficulty in securing the vessels is also greater to the surgeon. The room in which the operation is to be performed should be fully prepared before the patient is summoned; or if it be necessary that the operation should take place in the room he already occupies, everything should be arranged so as to be brought in with the least delay and confusion at the moment they are required, the surgeon being a little before his appointed time, as he thus saves the patient that increase of anxiety as the time approaches. Shall I be thought frivolous, if I recommend you, gentlemen, to rather steal into the house, than to allow your servant to proclaim your arrival by a loud rapping at the door, which excites your patient's alarm, and may indeed render him unfitted to undergo the operation. The surgeon should then ascertain that everything he can want is at hand, and well adapted for his use; every instrument he requires should be examined, and having allotted to each assistant the particular duty he is to perform, the patient may be placed upon the table. If it be decided on that the operation is to be performed with the patient under the influence of chloroform, and if the disease is one which renders his removal from the bed to the table very painful, the chloroform should be administered before he is moved, as by this precaution I have known more pain saved than the operation itself would have inflicted if performed without the use of this anæsthetic agent. The operator now determines in his mind the mode by which he intends to perform the mechanical steps, and which is to be decided on by his judgment as to the most appropriate plan to be adopted for the particular case in question: the part of the limb to be removed, the peculiarities of the disease, the condition and relative position of the parts to be saved, and those to be excised, must all tend to modify the direction of the incisions; ever bearing in mind, whatever may be the choice made of the plan to be adopted, that the one great object must be, to leave a sufficient quantity of soft parts to completely cover the truncated bone, so as to ſorm what is technically termed "a good stump," one in which the parts come in such easy adaptation, and ſorm so perſect a covering to the bone, without the necessity oſ any ſorce to retain them in their position, that all the structures may readily become firmly united by one dense cellular tissue, so as to ſorm a cicatrix, the firmness oſ which constitutes a cushion competent to support the pressure to which it will be subsequently exposed.

Amputation oſ a limb may require to be perſormed either through the continuity oſ any oſ its bones, or by the division oſ the structures constituting a joint; nor is the choice always leſt to the surgeon, ſor sufficient important reasons may compel him to amputate through an articulation, when that operation is had recourse to. Oſ late years some surgeons have recommended amputation oſ the leg at the knee-joint, and the removal oſ the ſoot at the tibio-tarsal diarthrosis; but I cannot say, ſrom the statistical account oſ such amputations, that it should ever be chosen, at least ſor any person who would aſterwards be obliged to make any use oſ the mutilated limb. Amputations at the shoulder and hip joints are not very unſrequently demanded, the necessity arising either ſrom the injury or disease being so near to these articulations that the surgeon has no alternative in removing the malady but to disarticulate the limb. Malignant disease oſ a member may also lead to the necessity oſ this operation, as there is considerable danger oſ the disease quickly returning iſ a part oſ the bone be leſt which had been continuous with the disease. The phalanges oſ the toes and fingers, the metatarsal and tarsal bones, or corresponding bones oſ the hand, are generally removed at their joints, and the amputation oſ the hand ſrom the ſore-arm is more ſrequently perſormed at the wrist-joint, than by sawing through the radius and ulnar.

The tourniquet is now to be applied, and it is better not to place it on the limb until just beſore the operation is to be perſormed; ſor, iſ the compression is long sustained, the veins become distended, and a considerable loss oſ venous blood results ſrom the first incision. This may be saved by merely delaying the application oſ the tourniquet until immediately beſore the commencement oſ the operation. Some surgeons, indeed, preclude the use oſ the tourniquet entirely, and preſer the compression oſ the main artery by the hand oſ an assistant, urging, that advantage is derived by this mode oſ pressure over that oſ the tourniquet, ſrom the veins not being compressed, and the muscles being better capable oſ ſreely contracting when cut through. In cases oſ very attenuated limbs, and when it is a matter oſ great importance to lose as little blood as possible, this mode oſ compression is admissible and even advantageous, ſor the reasons given; but in large limbs, I am an advocate ſor the use oſ the tourniquet, and myselſ scarcely ever amputate without it, more particularly in private practice; ſor iſ the patient be not steadily held, there is great liability oſ the artery escaping ſrom the compression oſ the assistant, and an inevitable loss oſ arterial blood is the result. Besides, iſ the pressure has long to be sustained, which is not unſrequent, ſrom the difficulty oſten arising in securing the bleeding vessels, the assistant becomes so ſatigued ſrom his protracted exertion, that he ſails in perfectly staying the hæmorrhage, and a loss of blood is the consequence. When, therefore, the tourniquet is to be applied, it should be placed as high up on the limb as possible, for the purpose of compressing the main trunk of the vessel above the distributions of its branches, so that the circulation of the blood may be prevented to the parts below; and a further advantage is derived from the high position of the tourniquet—it is less capable of interfering with the contraction of the superficial muscles after their division, a point most essential to be ensured for the formation of a good stump. There is some little skill required in the adjustment of the tourniquet to secure all the advantages derived from the instrument: I should therefore advise every operator to apply the tourniquet himself, unless he is fully acquainted with the capability of his assistants; for, if he has been careless in this respect, and the artery has not been effectually compressed, in the middle of his amputation he may find to his confusion that he is embarrassed by a fearful gush of blood as he divides the main artery of the limb, and some other pressure must be immediately employed to stay the hæmorrhage. The mode of applying the tourniquet is to place its pad immediately on the artery to be compressed, and so as to cross it a little obliquely, which ensures its retaining its position when the screw of the tourniquet is tightened, much more certainly than if the pad be placed quite parallel with the vessel. The straps of the tourniquet are then to be passed around the limb and back again, and tied in a single knot on one side the screw, then on the other, and then being carried back are to be tied tightly on the outside of the limb exactly opposite to the point of the compression of the artery, and the screw is then to be turned until the pulsation of the compressed artery is entirely stopped. A turn or two of a wetted bandage is sometimes placed around the limb, before the tourniquet is applied, to prevent the straps injuring the integuments; but there is rarely any necessity for this precaution, and I think it somewhat interferes with the accurate adjustment of the instrument. Directly the tourniquet is tightened, the limb is to be well supported by the assistants, and firmly held at the most convenient height for the operator. The position is sometimes obliged to be modified, from the peculiar disease of the limb, or the kind of operation to be performed; and these variations must be arranged by the operator himself, as he alone can place the limb appropriately for the purposes he intends to adopt, and which are probably unknown to his assistants. Indeed, the surgeon himself may not have made up his mind as to the steps he intends to follow until he has had this opportunity of judging of the operation most applicable to the case; and I have myself been frequently induced to change the mode of amputating I had intended to employ, before I had had this best of all opportunities for a critical estimation of the most appropriate method.

Of late years the flap operation has been very generally employed in this metropolis; and I think I may say the late Mr. Liston was a great promoter of this mode. I have very frequently adopted it: I must confess, however, that I am much disposed to go back to the circular incisions, from a pretty clear conviction that better stumps are produced by the old plan, and that the vessels are more readily and more securely tied, being much less likely to be wounded above the face of the stump than when the limb is transfixed for the purpose of making the flaps. It is certainly true that the flap operation is more quickly performed, but as chloroform is now so much employed, the little additional time is a matter of much less importance. I had thought until very lately that the flap operation had been almost invariably adopted in Paris: I was told, however, by M. Velpeau, that, on the contrary, it is much less seldom had recourse to than in London; and unless some peculiar circumstances demanded it, he himself always performed the circular operation.

In the amputation of a limb, I always stand so that the patient's body is to my left hand: I therefore place myself on the outer side of the right, and on the inner side of the left extremity. It is advanced by some surgeons that by this mode of proceeding you lose the advantage of grasping with your left hand the part to be removed while sawing. But I consider this loss more than compensated for by the greater facility with which the incisions can be made, as in the other position you are obliged to use the knife with a back-handed motion while cutting the soft parts from the bone.

[To be continued.]

ULCERATIONS OF THE VAGINA, CONNECTED WITH THE STATES OF UTERO-GESTATION AND LACTATION.

BY DANIEL BRAINARD, M.D., PROFESSOR OF SURGERY IN RUSH MEDICAL COLLEGE.

The "nursing sore mouth" is a disease which has only of late attracted the notice of medical writers; yet its pathology and treatment have been investigated with zeal, if not with entire success. It is certainly surprising that such an affection should so long have escaped the notice of observers, if it existed; and equally strange, it may appear, that it should have originated in these latter times. We are inclined to the latter opinion, and suppose that it is on the increase, both as regards its frequency and its severity. These ulcerations, however, are to be regarded only as a local effect of a general cause, which does not by any means confine its influence to the mucous membrane of the mouth, but which almost as often produces similar effects on the vaginal surface, and apparently on that of the small intestines.

The state of the system which gives rise to these ulcerations is anæmia. Those who have been bled often, or confined to a low diet, or affected with diarrhœa, or frequently purged, are the persons attacked. It is usually attended by a leuco-phlegmatic state, pallor of all the tissues, costiveness or diarrhœa and frequent desire to urinate, with smarting pain on micturition. In the western States the diarrhœa usually attacks persons recently arrived from the eastern States or foreign countries, and is often persistent, and even dangerous. Women in the states of gestation or nursing, who labor under this affection, are generally attacked with these mucous ulcerations.

The causes of the disease have been already stated to be in general those of a debilitating nature. Lactation, when prolonged, and accompanied by an insufficient nourishment, is by far the most frequent; hence its name, "nursing sore mouth."

The treatment most effectual, verifies this view of the cause. A general course of tonics, with nourishing and abundant food, with free exercise in the open air, seldom fail to afford relief. Good beer, ale or porter, with beef and mutton, are the best articles to employ. Iron, and the vegetable bitters, are of some service, particularly the former. As a local application to the ulcerations of the mouth, no remedy deserves to be compared to the fuming muriatic acid, applied with a probe, piece of wood, or brush, to the ulcerated surface. It never fails to relieve, when the ulcers are white and circumscribed. When there is a diffused redness and denudation, it should be diluted and used as a wash. Mercurials are especially to be avoided.

To illustrate these brief and very imperfect remarks, I will add some cases which may be taken as specimens of the different forms in which it appears.

Case I.—Mrs. A., a young woman of scrofulous habit and delicate constitution, was affected, while pregnant with her first child, with ulcers of the mouth, for which she made use of astringent applications. After using these, the mouth was cured; but ulcerations of a very severe kind attacked the genital organs, there being several deep and whitish ulcerated patches about the orifice of the urethra and vagina, which produced great pain and smarting on urination, and pain in the hip, groin, and extending down the thighs. There was considerable constitutional irritation, which soon became severe. Local applications had little effect, and the ulcerations continued till delivery, when they disappeared and the mouth became affected, continuing with varying degrees of intensity during the whole period of lactation. At the second pregnancy and lactation, the disease re-appeared in so severe a form as to endanger her life, and render necessary the induction of premature labor, when it again ceased and attacked her mouth.

Case II.—Mrs. C., a young woman of delicate constitution, had, during pregnancy and lactation with her first children, ulcers of the mouth. During pregnancy and lactation with the third child, it recurred, and was treated by the application of strong muriatic acid. This immediately cured the ulcers, but similar spots made their appearance about the orifice of the vagina, occasioning great smarting, with pain in the hip and groin of the side most affected. This appearance of ulcers of the mouth at different times, was attended with great relief to the other symptoms, but on their healing, the ulcers of the vagina were again seen with their attendant effects.

Case III.—A woman of about 35 years of age had been affected for a long time with a pain in the back, hips, &c., for which various remedies had been used without effect. On inquiry I found the symptoms dated from the period of lactation, and were attended with debility. On examination, several minute points were seen about the orifice of the vagina, scarcely perceptible to the eye, but which, when the surface was touched with a solution of lunar caustic, turned white, revealing the existence of numerous ulcerated points. The appearance of minute red points upon the mucous surface, of a pale color, I have seen in other cases, and it is well calculated to deceive, unless a solution of nit. arg. of the strength of about twenty grains to the ounce is passed on the surface. That is the form of application preferred for this situation, the muriatic acid being too severe.

It were easy to add to these cases, others, where the ulceration of the mouth alternated with diarrhœa, indicating a transfer of the ulceration from the intestinal mucous membrane to that of the mouth, and the reverse. But we are content with simply inviting the attention of the profession to certain relations of these affections, in order that the same connection may be observed if it occurs elsewhere.—*N. W. Med. and Surg. Jour.*

MEDICAL JURISPRUDENCE IN THE GREAT DESERT.

An enterprising traveller, M. Eugene Daumas, ex-colonel of Spahis, who lately made a journey to the kingdom of Houssa, in the interior of Africa, found that surgery was there held in considerable estimation, and he furnishes some amusing instances of its importance in the decision of legal questions and family disputes.

In the city of Timimoun, it seems they give the following pithy injunction to the young bride on presenting her to her husband:—"Be silent as to his secrets. When he is joyous, do not let him see you sorrowful; and when he is sad, do not show yourself merry before him." But whether or not the young Arab ladies are in the habit of attending strictly to this precept, we are not told. We learn in the sequel, however, that if they are not particularly careful of their husband's secrets, they are well able, on occasion, to take care of their own.

Timimoun appears to be a city of some pretension in the Desert, as it contains five or six hundred houses, which being each built in its own garden, occupy a large space of ground. It is surrounded by a dry ditch, about a dozen feet deep, by seven or eight feet wide, and is inclosed by an embattled wall, on which are several small forts of two stories high, capable of containing thirty or forty combatants a-piece. Civilization here is about equal, the traveller considers, to what it was in Europe during the middle ages, or about a thousand years ago.

In this city we are told that surgery supplies the place of a penal code. If one individual wounds another, the surgeon is called in to estimate the damages, and these are assessed in proportion to the length and depth of the injury, which is ascertained by an instrument called the measure of blood. Questions of jurisprudence are also sometimes decided by an appeal to the faculty, of which the following anecdote is an instance.

A woman of the caste called Berbère (a wandering tribe), had married two husbands, without letting either of them know that she had any other besides himself; for in the marriage contracts she had stipulated with one that he should never visit her, excepting between sunrise and sunset; and with the other, that he should never come till after nightfall, and should depart before daylight in the morning, by which arrangement they never met. Two different cadis had attested the agreements, and, thanks to the precautions taken, nothing disturbed for some time the harmony of this family compact.

"*Deux coqs vivaient en paix,*" said La Fontaine. It was not a hen, however, in this case, which came to destroy their peace, but an infant *—eh voilá la guerre allumée!* The wife of two husbands was in some perplexity, but she took heart, and revealed her expectations to both, when an explanation followed, and they were not a little confounded to find themselves officially in such a position towards each other.

"You are mad," said one; "this woman is my wife."

"She is mine, I tell you," said the other; "and it is you who should be pronounced mad!"

"You are neither of you mad," interposed the wife; "each of you is my husband—you have only to observe the conditions of your agreements. Pray do not agitate me by your disputes, but await the event tranquilly."

However, a new altercation arose about the expected infant, and in order to have it decided to which of them it should belong, they at last agreed to refer the matter to the cadi.

After long deliberation—for the question was really perplexing—the worthy magistrate hit upon a solution of the difficulty: he decided that if the child were born during the day, it should belong to the husband of the day; if it were born after dark, it should belong to him of the night. This decision was very satisfactory, but it so happened that the disputed infant was born after sunset, and before dark—that is, during the twilight hour, which belonged to neither husband, so that the decree of the cadi could not be put in execution. They then agreed to submit this new difficulty to the judgment of the marabout. The holy man listened to the pleadings, and ordered that the two husbands, the wife and the child, should all be brought before him, and at the same time he sent for the best surgeon in the city to attend with them.

When all were assembled, the marabout addressed the surgeon, and said, "Here are three egg shells of exactly equal size and weight; take two of them, and fill them with the blood of the husbands (one for each), then fill the third with blood from the infant." The doctor obeyed, and, after the operation was completed, the marabout ordered a pair of nicely-balanced scales to be brought, in which were weighed separately the first two shells against the last. From this experiment it resulted that the blood of one of the husbands was found to be a trifle lighter than that of the child, and the other's was of exactly the same weight with it. On this being ascertained, the judge, turning to the latter, said, "In the name of God, I declare thee to be the father of this child. Take it away; it belongs to thee."

However ridiculous such a mode of arriving at a judgment may appear, it was at least decisive, and, under such circumstances, it may be fairly doubted if a whole host of London magistrates could have settled the controversy in a more satisfactory manner.—*London Lancet.*

ON A NEW MATERIAL AND PROCESS FOR MAKING MINUTE ANATOMICAL INJECTIONS.

BY PAUL B. GODDARD, M.D., PHILADELPHIA.

HAVING received recently from Europe some beautiful microscopic preparations, consisting of minute injections by Prof. Hyrtyl, Messrs. Hett, Dancer and Topping, I was stimulated to make an effort to obtain similar results, as they were, by far, finer than any which had been produced in this country. With the assistance of my friend, Dr. Neill, Demonstrator in the University of Pennsylvania, I made many experiments with variable results, but with such success as to lead to further investigation. At last I struck upon a plan which is uniformly productive of exquisitely beautiful results, and is moreover easy of application. For the purpose of making such an injection, the anatomist must provide himself with a small and good syringe; some vermilion *very finely* ground in oil; a glass stoppered bottle, and some sulphuric ether. The prepared vermilion paint must be put into the ground stoppered bottle, and about twenty or thirty times its bulk of sulphuric ether added; the stopper must then be put in its place and the whole well shaken. This forms the material of the injection. Let the anatomist now procure the organ to be injected (say a sheep's kidney, which is very difficult to inject in any other way, and forms an excellent criterion of success), and fix his pipe in the artery, leaving the *vein open*. Having given his material a good shake, let him pour it into a cup and fill the syringe. Now, inject with a *slow*, *gradual* and *moderate* pressure. At first, the matter will return by the vein colored, but in a few moments this will cease, and nothing will appear except the clear ether which will distil freely from the patulous vein. This must be watched, and when it ceases the injection is complete. The kidney is now to be placed in warm water of 120° Fahrenheit, for a quarter of an hour, to drive off the ether, when it may be sliced and dried, or preserved in alcohol, Goadby's solution, or any other anti-septic fluid. For glands, as the kidney, liver, &c., it is better to dry and mount the sections in Canada balsam; but for membranous preparations, stomach, intestines, &c., the plan of mounting in a cell, filled with an anti-septic solution, is preferable.—*Medical Examiner*.

THE LATE DR. ALEXANDER READ, OF NEW BEDFORD.

[Communicated for the Boston Medical and Surgical Journal.]

ALEXANDER READ, M.D., died at New Bedford, Nov. 20, 1849, aged 63—a physician eminent in his profession, and universally respected.

He was the son of Ebenezer and Mary Chapin Read, of Milford, where he was born, July 10, 1786. In 1794, his parents removed to Worcester. In the public grammar school of that ancient town, and at Leicester Academy, he received an excellent English education, and in the spring of the year 1806 was prepared to enter Dartmouth College at an advanced standing. In 1808, he graduated, having acquired the reputation of good scholarship and unblemished morals.

His medical studies were pursued partly under the direction of his friend, Dr. Greene, of Worcester, and partly under the supervision of Nathan Smith, M.D., then Professor at the Medical Institution at Dartmouth College, where he received the degree of M.B., in the autumn of 1811, and immediately after entered upon the active duties of his profession at New Bedford. There he soon acquired the reputation of a skilful and attentive physician, well qualified for the discharge of its responsible duties, and received the patronage of a numerous circle of intelligent and wealthy citizens. A course of lectures, prepared and delivered by him, on the subjects of Chemistry and Botany, with great acceptance, was a happy introduction to the youthful portion of the more intelligent population, and many of the attendants remained ever after his warm and attached friends.

Possessing by nature a sanguine temperament, and by cultivation and intercourse with good society a refined taste, he was fitted to be an ornament in the circle in which he moved. Open, frank and generous in his own character, he attached to himself persons of a like spirit. He was made to love and be loved. He was kind, conciliatory and considerate. Naturally modest and self-diffident, he wondered at his own success. He seemed to live more for others than himself. His own happiness was an incident rather than an end in his pursuits. His ruling passion was to promote the well being of those with whom he was associated. Hence as a physician, he was ardent in the pursuit of knowledge, careful in his observation of the changing phases of disease, kind in his deportment, courteous in all the relations of life, and skilful to perceive and minister to the necessities of his numerous patients.

In 1816, he received the degree of M.D. at New Haven, and the same year was admitted a Fellow of the Massachusetts Medical Society.

In 1818, he married Miss Sarah Willis, a lady of character and property, who, with three children—a son, now a member of the senior class in Dartmouth College, and two daughters—survive to mourn his loss.

Dr. Read was a skilful surgeon as well as physician, and was much devoted to that branch of his profession until 1840, when in consequence of the loss of the right eye from a disease contracted in the discharge of professional duty, he of necessity in a good measure relinquished it.

In difficult cases his advice was much sought and appreciated by his professional brethren. They felt that their reputation was safe in his hands: that when called in council, he would sustain and not supplant them. He had a quick perception of what belonged to the dignity of his profession. He scorned the low arts to which, it must be confessed, a few, even of educated men, resort, for the acquisition of business. Quackery, whether in its infinitesimal or more heroic developments, received from him no countenance. He was guilty of one mistake, if in this day of superficial book-making it deserves the name—he published but little. Yet he recognized the duty of every physician to add, as far as opportunities occur, to the sum total of recorded medical experience. His remarks on the mode of preparation and uses of Datura Stramonium are a model of simplicity and directness in medical communications.

The crowning excellence, or more properly concealed ***substratum*** of his character, was his reverence for God. Every man is a worshipper. His was the religion of the Bible. He acknowledged its claims, and reverently bowed to its teachings. From it he derived his rules of conduct; and in the hour of affliction and protracted sickness, he was rewarded by its abundant consolations. He had his own decided views of truth and duty, yet he did not unnecessarily obtrude them upon others. There was nothing sectarian in his spirit. Religion with him was an abiding principle, not the fitful vagary of an excited imagination.

Such was Dr. Read. A good husband, kind father, good physician, and in every relation eminently a good man.

His disease was hæmaturia, followed by chronic disorganization, which occasioned great and protracted suffering, which he bore with the calmness of a medical philosopher and the patience of an established christian.

Randolph, Dec. 3, 1849. E. A.

ONE CAUSE OF EMPIRICISM.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Notwithstanding the great advance that has been made of late in medical knowledge, and the talent, learning and zeal that are enlisted in its behalf, quackery not only progresses, but actually gains on us. Mortifying as the thought is, it may be safely asserted that at no period in the history of this country has empiricism flourished to the same fearful extent as at the present time, notwithstanding our boasted improvements in other respects. In the words of an old historian, "quacks abound like locusts in Egypt, and too many have recommended themselves to a full practice and profitable subsistence. This is the less to be wondered at, as the profession is under no kind of regulation."

There always has been, and always will be, a certain class of minds, that are fond of the marvellous; they seem to believe a doctrine, because it is inconsistent with the dictates of common sense, and the strength of their opinion is just in proportion to its absurdity. Hence they are ever ready to adopt any new marvel that is more ridiculous than the one in which they already believe. To them may be literally applied the old paradoxical expression—"*credo quia impossibile*" *est.* Such persons are opposed not only to the "regular practice," but to every thing else that is regular. This state of things is peculiar to no particular age, or country. Its victims are found in every state of society, from the rude savage to the polished citizen.

But besides the class above referred to, there is a considerable portion of every community, intelligent, well educated, and impartial, ready to render honor to whom honor is due, who yet betray a great want of confidence in physicians. Why is this? Is the cause of this estrangement to be found in the intelligent public, or in the profession? It must be in one or the other. I sincerely believe that it may be found in the latter;

aye—to the very source that has given rise to the most important improvements in both medicine and surgery, may be traced the principal and most efficient cause of the withdrawal of public confidence from the members of the medical profession, viz. the medical schools.

The late increase in the number of medical schools has induced in them a spirit of emulation, which has caused them to put forth all their energies to increase their knowledge, and improve their means of instruction. These changes, although they have added much to their real worth, are not so much the offspring of a love of science, as they are of a desire to vie successfully with their neighbors. Their object is obviously to fill up the schools, and thereby the pockets of the proprietors; and the result is, that many young men, and old ones too, are induced to adopt a calling, for which neither their inclination, preliminary education, or intellectual capacity, fit them. Crowds make their way to these establishments; and, with the exercise of the utmost vigilance, we might be sure in the very outset that their multiplication must increase the number of those who will bring discredit upon the medical profession, and weaken its hold upon the confidence of the intelligent public. But, alas! no such vigilance is observed. Not only is the amount of worthless material increased, the facilities afforded for admission to medical practice aggravate the evil; and this state of things is the product of the increase of medical institutions.

It is not unusual for one to pass with one stride *ex fabrica*, to a physician's office, where he tarries just long enough to leave his name; then returning to his occupation, he pursues that, while he is nominally a pupil in medicine. When the lecture term commences, he bids a hasty farewell to his workshop, and soon enrols his name as a member of a medical class. He matriculates, pays the fees, hears the introductory lecture, and then returns to his laudable and appropriate employment. In this way the three years of probation are spent; at the end of which, he is summoned before the Faculty for examination and approval. With a consciousness of his deficiency, and with fearful forebodings as to the result, he seats himself in their presence. After stating the medical properties of *oleum ricini*, missing a few questions in chemistry, telling how many extremities the femur has, and giving a practical demonstration of *paralysis agitans*, he is declared competent, and sent out into the world to take charge of the lives and health of the community. Such is the history of the "pupilage" of not a few of those who bear the title of "M.D."

The requisites for graduation are merely nominal. No *attendance* upon the lectures is required; and the final examination is a mere pretence. This fact is well known and taken advantage of by scores, who creep into our ranks with no more knowledge than could be acquired by three months' study.

Some, on the other hand, pursue the study of medicine for its own sake. They labor from morn till midnight with assiduity and zeal, improve and make the most of every opportunity that presents itself for adding to their stock of knowledge, and thus qualify themselves for the practical duties of their profession, and lay the foundation for future usefulness.

These two classes graduate at the same school, receive the same degree, and present themselves before the public with apparently the same qualifications. The blunders and mistakes which the former frequently make, are often charged to the profession generally ; thus bringing it into unmerited disgrace, and jeopardizing the reputation of medical science.

Furthermore, the number of medical students is found to increase in proportion to the number of medical schools ; the new schools soon become filled, whilst no draught is made upon the old ones. Thus the profession becomes largely overstocked. The country is annually deluged with physicians, not one in a score of which is anywhere needed ; and this is done, not for the benefit of the people, or the doctors, but for the doctor-makers. Many, after devoting their time, talents, money, and perhaps sacrificing their health, in pursuit of the arcana of Physic, are doomed to sad disappointment.

The consequences of this are most deplorable. As they cannot all obtain a lucrative business (simply because there is not enough for them all) in an honorable way, they must either resort to dishonorable means or seek some other road to wealth and fame. The number who pursue the former course is legion ; among them may be found nearly all the homœopathists, hydropathists, consumption doctors, &c. These, while they are careful to let the public know that they have been educated in, and received all the advantages of the "old-fashion way," affect a show of contempt for it, as if, forsooth, thay had discovered that all the accumulated medical knowledge, from the time of Hippocrates, is worse than nothing. Such men, it has been said, must be "knaves or fools ;" but I query whether the majority of them are not both knaves and fools.

Thus our most powerful and dangerous enemies are to be found within our own ranks. More damage is done to the character of medicine by one recreant M.D., than by ten who have never received the sanction of a medical college. Assuming a thousand different disguises, they occupy many high places, sapping the very honor of the profession, and corrupting it to the very core.

It is not my purpose to speak of quacks as such, but I wish merely to show that by them the character of medicine is brought into disrepute, and that many who lack integrity, learning, and true honor, are induced to become such because there is not room for them in the regular practice. All of them, I doubt not, would gladly renounce their impositions, if they had a better way to gain their livelihood.

Whether these "come-outers" have been the principal means of the present unusual alienation of public confidence, or not, the fact that there is such an alienation is too obvious. Put the respected Dr. Warren in a place where as yet his fame has not reached, if such a place can be found, with an Indian squaw for a competitor, with the imposing words "roots and herbs" affixed to her name, and she would be thronged with patients, ere her worthy cotemporary would hear the first rat-tat at his door. But I need not resort to imagination. A gentleman, whose name is as familiar to you as are the words anatomy and physiology, has long been before the public as a practitioner of medicine: although his fine talents, profound learning and deep scientific acquirements, have long since ranked him among the first of his profession, he is outvied by the meanest charlatan ; and has the daily mortification of seeing empirics, of every name, luxuriating in ill-gotten wealth, while as a practitioner he is neglected and almost unknown. At last, whether discouraged or disgusted, I know not, he has stricken the title of doctor from his door-plate, and nothing now remains but his simple but respected name. His present position, however, fully shows that he is appreciated by those who are capable of doing so.

From what precedes, it is plain that a remote but efficient cause of empiricism is the crowded state of the profession ; and that the only remedy is to check the rapid increase of numbers. This can be done in no better way than by raising the standard of requirements for a medical degree. Every student should be compelled to *attend* the prescribed number of lectures, and pass a rigid and searching examination before he receives his degree. If the American Medical Association, instead of discussing the question " whether the lecture term should be lengthened ? " would turn their attention to this point, they might confer a favor upon the cause of medicine.

I have thus spoken, with freedom, upon a point on which as yet little has been said, with the hope of inducing some abler pen to take up the subject. Yours respectfully,

Lynn, November 29th, 1849. I. F. Galloupe, M.D.

IODINE IN BITES OF VENOMOUS REPTILES

[Communicated for the Boston Med. and Surg. Journal.]

My first use of iodine in a case of bite from a venomous reptile, and which led to its general use in such cases, was accidental to me, and occurred some three years since. While then practising medicine and surgery in Ohio, I was one day sitting to have my daguerreotype taken, when one of my patrons came in haste to have me see a friend, a young lady, who had been bitten, as she supposed, by a black snake. Not having my medicine case with me, and being at a loss what to do, as it was the first case of the kind I had ever attended or seen, I proposed to the artist that he should lend me his iodine bottle ; and in a jocular manner he answered, in return, that if I wanted to kill the lady, he would lend it to me. I however took it with me, not intending to use it, but only for a show. I found the lady sitting up, but unable to inform me what her feelings were. The snake had been killed during the messenger's absence, and proved to be a large black rattle-snake. She was bitten about four inches above the ankle, on the anterior part of the extremity. There were two points of entrance to the teeth of the snake. This was about four hours after she had been bitten. I immediately made a free incision into the integuments, about three inches long and three fourths of an inch deep. It bled freely. I then put a ligature about the extremity below the knee, not knowing what else to do. It had, however, previous to this, commenced swelling above that joint. I applied a pledget of cotton to the wound, well saturated with the "tinct. iodine," which was twice the common pharmaceutical strength. I also gave her five drops of the "tinct. iodine," and also washed the extremity with a weaker solution of it, as far as the extremity was swollen, and left, advising them to continue the treatment. I called again in eight hours; found her insensible, entirely so, with occasional vomiting and hiccoughing. I had, in the mean time, procured a strong decoction of the "mouse-ear plantain," as it is usually called, and intended to use it. Finding the lady, however, in this situation, and the tumefaction increasing with less rapidity than it had two or three hours before, I concluded to continue the same treatment, giving it in larger doses of from ten to twenty drops once in five hours. After about two hours, she gradually came to her senses, to the great joy of her friends, and no less chagrin of a homœopathist, "who declared several times that she was dying." In about twenty hours she felt perfectly easy, eat a hearty meal of victuals, and with the exception of an unpleasant sensation from the extension of the integuments from tumefaction, felt perfectly well. The swelling had risen above the hip some six inches, and even extended to the other extremity. I then left her in the care of the nurse, recommending them to use only remedies to reduce the extensive inflammation. In three days she visited me at my office, although she had not regained the entire use of the limb. The corroding effect of the iodine was quite perceptible, as there was considerable desquamation of the cuticle wherever it was applied.

I may be mistaken, but after using the tincture in this and every other case that I have had, and which were of all ages. from 4 to 60 years, I have come to the conclusion that it is the only sure antidote to the poisonous bites of all species of reptiles. My faith in the specific effects of iodine is so strong, that could it be applied soon, say five hours, I should feel willing to test it at any time on my own person. I have come to the conclusion that its power rests in its being equally distributed by the absorbents of the skin with the venom, which acts as a strong congestive power, and being thus brought into contact with it destroys its morbid influence by combining with and forming a new agent, viz., a venomo-iodide, which is subsequently carried off by the exhalant organs as refuse matter. Yours respectfully,

Flowerfield, Mich., Nov., 1849. S. L. Henrick, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 12, 1849.

Statistics and Reports on Cholera.—So much has been said and written, the civilized world over, on the subject of cholera—its origin, mode of extension, treatment and fatality—that some medical men actually loathe an article that bears a cholera caption. Others, however, feel the importance of preserving the collected facts and statistical records of all countries in which it has appeared, for study and guidance in succeeding visitations of the disease.

Without pretending to be wise above others in regard to what should or should not be permanently registered, or circulate in the medical periodicals of the day, we consider it proper, certainly, to spread abroad, for the information of practitioners, all that is essential for history, even if there are no settled principles of medication for the successful management of this scourge of the age.

Among the contributions to the mass of information illustrative of the phases of cholera in the United States, a pamphlet entitled—"Statistics of Cholera; with the sanitary measures adopted by the Board of Health prior and during the prevalence of the epidemic in Philadelphia in the summer of 1849, chronologically arranged," will hereafter be considered a document of importance. As a history of the malady in Philadelphia, the orderly manner of securing each and every fact is excellent. The statistics, too, of the Cholera Hospital, and the table of cases and deaths, are highly satisfactory. An orderly mind must have constructed the numerous columns of figures, which show that 1012 were swept away by the plague of cholera, between the 30th of May and the 8th of September, in the city of Philadelphia.

The sanitary machinery of Philadelphia is particularly cumbersome. Why, there are officers enough in the Board of Health to conduct the affairs of the South American Republics. If they eat and drink at the expense of the citizens, to keep off horrible distempers, as they do in these parts, it is a desirable thing for gourmands to be officially connected with the Board. A revolution is required in these extraordinary departments of a city corporation. One man would accomplish more in them than forty; and if economy is really and sincerely cared about, as is pretended in all such organizations, the sooner the people re-construct the abominations under the name of *boards of health*, the better it will be for commerce, and the public and individual health and thrift throughout the whole range of our Atlantic cities.

We recommend this pamphlet to the attention of all who are desirous of collecting the facts which it records.

From New York we also have a "*Sanitary Report on Cholera.*" When great fear pervaded that city in relation to the cholera, in the early part of the season, the destructive influence of that sweeping disease in England having been heralded over this country, a regular medical organization was established for meeting the pestilence, on its arrival on the American coast. Without detailing the minute character of the preparations, it is sufficient to say that temporary hospitals, with necessary attendants, were put in readiness. As predicted, the destroyer arrived; but the inhabitants of that commercial emporium, although panic-stricken, were in a condition to accommodate those who were prostrated by it. The humanity which prompted the measures, and the skill with which the professional gentlemen who were in command, met it, belong to the local history of New York. They doubtless did what they could, individually and collectively, to cure the sick, and learn the origin, progress and treatment of the disease. How well they succeeded, is now registered. The communications from the physicians who were temporarily in command of small hospitals, about the city, during the prevalence of the plague, show them to have been suitable men, who gave in their opinions in a manly, independent manner—and further, were so truly attentive to their official duties, that a very accurate catalogue of all who died of cholera in New York, in 1849, may be found in their reports. The pamphlet, as a whole, is worth preserving, because it is a kind of topographical registry of death, within certain periods. No line of practice appears to have been generally adopted. Each man pursued the course that was considered appropriate by himself, and hence we abound in the literature of cholera, without having any settled remedies for it.

Diseases of Infants and Children.—Few of the modern writers on diseases have met with a more cordial welcome from the medical profession, than Fleetwood Churchill, M.D., of Dublin, whose writings are exerting an influence of a very beneficial character. Messrs. Lea & Blanchard, whose names are inseparably connected with the onward progress of medical literature in America, received the manuscript of the present book, it appears, directly from the author; and although written, therefore, abroad, it was actually first published here. Those who practise medicine are free to acknowledge the difficulties attending the management of infantile diseases. The little patients very frequently have not the ability to explain their symptoms, or to indicate the seat of diseased action; and hence it devolves upon the medical adviser to ascertain the true condition, by a careful analysis of all anomalous appearances and circumstances that may be presented. If but a few persons have a faculty for conversing with little children, there are also few who can instruct others how to ascertain and relieve the sufferings to which they are incident in passing through the critical period of infancy and the no less perilous transitions of early childhood. Dr. Churchill does not pass hastily or slightly over anything. There is a thoroughness discoverable at every stage of his excellent treatise, which is characteristic of the man. His investigations, advice and researches will be likely to command the entire confidence of the profession, and we enjoin it upon our readers to avail themselves of a volume that promises to be essentially serviceable.

The book is an elegant octavo, containing 636 pages, arranged in two parts. Part I., embracing only five chapters, considers the first stage of infancy, such as management at birth, food, choice of a nurse, weaning, artificial feeding, dress, sleep, medicines, &c. Part II., subdivided into seven sections, has forty-seven chapters, which will give some idea of the comprehensiveness of the work. Ticknor & Co., Washington street, will furnish copies as reasonably as they can be procured of the publishers at Philadelphia.

Dr. Morton's Collection of Skulls.—A third edition of the catalogue of the skulls of man and the inferior animals, in the collection of Dr. Morton, of Philadelphia, may be had by asking. That collection must be a captivating Golgotha to a lover of phrenology and natural history. If all the world has not been ransacked to gather such an array of heads, large portions of it must have been pretty thoroughly searched to have furnished the formidable collection. There is a gratification in reading the notes that illustrate the local history of certain individual heads. Thus—No. 1005—ancient Mexican, Chechemecan native: woman, æt. 30. From a mound at Tezcuco. No. 1277—skull of a man æt. 65, remarkably altered by art, into the elongated, symmetrical form. No. 1292—embalmed Egyptian from Maabdeh. She may have lived three thousand years ago. No. 1296—a cranium of an embalmed body from one of the *hypogea*, called *maghair shadyb*, or grottoes of Jethro, in Midian, east of the Gulf of Akaba, in Arabia Petræa. No. 1323—the skull of Vicente Rivaz, an Otimie Cazique, of the pure Mexican race. But it is useless to particularize, since every bone in the collection excites both surprise and curiosity. The flat heads, the round ones, and indeed all shapes and sizes, show precisely what kind of people have preceded us on the earth. This museum exhibits the real skulls of men and women who were contemporaries with Moses. They may have been buried, in some instances, ages before his divine commission was undertaken. And then the ancient inhabitants of America, whose name and even the epoch of their existence must forever remain an unsolved problem, are placed on shelves with those who figured in Egypt in the reign of the first Pharaohs. Those of our readers who visit Philadelphia, must bear in remembrance this extraordinary attraction, unexampled and unmatched in any country. Dr. Morton has given himself a lasting fame by his illustration of these bony monuments of all past ages.

Massachusetts Medical Society's Publication.—Part I. of Vol. IV., containing Dr. Jarvis's annual address, on the Production of Vital Force, together with the proceedings of the Society from time to time, through the last year, is presumed to have been so generally circulated among the members, that it is hardly necessary to remind them of the interesting character and depth of research of Dr. Jarvis's paper. He is an indefatigable student, who interrogates nature, and all obtainable recorded facts respecting her, closely and perseveringly. The extracts which we have already inserted in the Journal, from the Address, will show to readers, who have it not, its style and object. It appears that seventeen fellows of the Society died during the year, to the date of the anniversary meeting, and several have since yielded up their lives. Dr. Partridge, the oldest on the necrological record, had reached the age of ninety-seven years.

Artificial Arm and Hand.—Mr. James Miller, No. 2 Bromfield street, Boston, who is by profession an anatomical machinist, has constructed an arm, finished to the tips of the fingers, that promises to be a very useful contrivance. A fork or spoon may be held in the palm very conveniently, and the appearance is natural, in respect to flexion of the joints, from the elbow to the digital extremities. The material of which the limb is fabricated, as also its finish, bears a strong resemblance to Mr. Palmer's artificial legs, now so justly prized. Mr. Miller contemplates further improvements; and being located in Boston, in a central position, may be consulted by those who have unfortunately been deprived of their members.

Massachusetts Medical College.—The lectures at the Medical College in this city, which were suspended for a few days, in consequence of the supposed murder of the late Dr. Parkman in the building of that institution, and the arrest of Dr. Webster, the professor of Chemistry, have been resumed. Professor Horsford, of the Cambridge Scientific School, it is said, will for the present give the lectures on chemistry. The jury of inquest on the remains of the body found, which has been identified as that of Dr. Parkman, have not yet (Monday noon) finished their examination, which is conducted secretly. In the mean time Prof. Webster remains in jail.

New Preparation of Morphine.—In the report of the proceedings of the Suffolk District Medical Society, in last week's Journal, the reader's attention must have been drawn to the notice of a new and promising remedy in phthisis—viz., a preparation of morphine, by Dr. Fisher. In giving his formula for that preparation, an important error was made in the manuscript report of the proceedings, and was printed without correction. It should have been sulph. morph. 2 grains (instead of 10), chloroform 1 oz. Subscribers will see the importance of correcting this with a pen in their respective copies.

Unfounded Report of the Death of Dr. Robie, of Maine.—Through some unaccountable mistake, the name of Dr. Frederic Robie, of Biddeford, Me., was inserted among the deaths in last week's Journal. We are glad to learn, from the doctor himself, that there was no occasion for such an announcement—his student alone having been drowned by the accident referred to. We regret the occurrence of such a mistake, and take this earliest opportunity of correcting it.

Medical Miscellany.—M. Dumas, a professor of chemistry, is the present minister of commerce and agriculture in the French Cabinet.—It has been ascertained at the *morgue*, or dead house, in Paris, that the development of gas from a dead body frequently turns it over in a coffin. Such positions, heretofore, have been considered evidences that the individual had been buried alive.—Dr. Charles Thomas Pierce, an homœopathic physician, of London, has been convicted of manslaughter, in consequence of starving a patient to death. All the nourishment he permitted the unfortunate man, for ten entire days, was ice-water, though he was continually calling for food.—It is announced in the papers, that Dr. Richardson, of Boston, expelled a tape worm from a patient which was 100 feet long!—In the last three months, the marriages in England were 35,908; deaths, 135,364; and births, 135,200. In the same time, 46,588 persons emigrated—and the population actually decreased 50,000 in the last quarter.—Cholera is extending on the coast of Africa. It commenced at Algiers, and is going westward.—Dr. John T. Shotwell, Professor of Anatomy in the Medical College of Ohio, at Cincinnati, has resigned the chair, long held by him with distinguished honor—Dr. C. Chapin, of Brattleboro', Vt., has been elected president of the Vermont Valley Railroad.—Dr. Newton Lane, of Louisville, Ky., is said to be a candidate for sergeant at arms, for the next Congress.—Dr. Sherrod, of the Indiana legislature, has been shot, and the wound is thought to be mortal.—A singular farce has been the subject of grave scientific inquiry, by committees, at Rochester, N. Y. Certain knockings are heard on the floor, the door, &c.; and not having been lucky enough to discover the movements of the feet of certain young ladies, who are identified with this extraordinary visitation from the spirit world, the whole matter is considered one of the great mysteries of the present century!—A mother dropped down dead in the street, at Toronto, from excessive anxiety—her little son having been arrested for a small garden theft.—Three medical students have been arrested out west, having been in the "pursuit of knowledge under difficulties," viz., engaged in dissecting a dead body.—Smallpox still continues in Ohio; also in Halifax, N. S.—Microscopic researches are exciting prodigious interest abroad.—The bones of the whale found at Charlotte, Vt., 160 feet above the level of the sea, and eight feet below the surface, in a railroad cut, are now in Boston, and are ascertained to have belonged to an extinct species of an arctic family. The teeth and some of the vertebræ are scarcely injured by the lapse of more years than man has been on the earth. On one of the tusks of the elephant discovered in the same State, at a very high elevation, was lying a boulder. Naturalists have much to excite speculation, of late, in respect to the age of these fossil remains.—Prof. Charles A. Lee, of New York, returned from Europe in the steamer Europa, which reached this city on Sunday last. He has spent four months abroad, in visiting the hospitals and forming acquaintances with the leading medical men of Europe. He returns in good health, and will soon be at his post in Buffalo, as lecturer on Pathology and Materia Medica in the Medical School in that city.—Dr. Paul F. Eve retires from the Southern Medical and Surgical Journal, which he has edited with much ability for the last five years, and is succeeded by Dr. I. P. Garvin, who was formerly associate editor of the same work.—Augusta, Geo., was not visited by the cholera the past season.—Dr. Long, of Geo., lays claim to the discovery of etherization in surgical operations as early as the year 1842.

To CORRESPONDENTS.—The following papers have been received:—Remarks on Quackery, case of Fragilitas Ossium, and the use of Astringents in Cholera.

DIED,—At New Bedford, Mass., Alexander Read, M.D., 63.—At Castleton, Vt., Dr. Joel Green, 69.

Deaths in Boston—for the week ending Saturday noon, December 8th, 80.—Males, 42—females, 38. Abscess, 1—bronchitis, 1—burn, 3—disease of the brain, 1—disease of the bowels, 1—consumption, 11—convulsions, 1—croup, 3—childbed, 1—dysentery, 5—dropsy of the brain, 1—erysipelas, 1—typhus fever, 6—typhoid fever, 2—lung fever, 4—scarlet fever, 1—disease of the heart, 4—hooping cough, 2—hemorrhage of lungs, 1—infantile diseases, 5—disease of the kidneys, 1—inflammation of the lungs, 3—marasmus, 2—neuralgia, 1—old age, 1—smallpox, 3—suicide, 1—teething, 6—worms, 1—unknown, 3—cholera morbus, 1—ulcers in the throat, 1—delirium tremens, 1.

Under 5 years, 36—between 5 and 20 years, 10—between 20 and 40 years, 21—between 40 and 60 years, 7—over 60 years, 6. Americans, 34; foreigners and children of foreigners, 46.

Medical Schools at the West. INDIANA CENTRAL MEDICAL COLLEGE.—This Institution is announced to go into operation on the first Monday of the present month, under the auspices of the following Faculty:—Obstetrics, &c., Geo. W. Mears, M.D.; Theory and Practice, L. Dunlap, M.D.; Anatomy, Jno. S. Bobbs, M.D.; Physiology and Pathology, R. Curran, M.D.; Surgery, A. H. Baker, M.D.; Materia Medica, &c., Jas. S. Harrison, M.D.; Chemistry, Ch. G. Downey, A.M.; Demonstrator of Anatomy, David Funkhouser, M.D.

MEDICAL COLLEGE OF EVANSVILLE.—We notice this institution is advertised to go into operation on the first Monday in the present month, under the direction of the following Faculty:—Anatomy, C. S. Weaver, M.D.; Chemistry, C. A. Foster, A.M.; Materia Medica, J. R. Wilcox, M.D.; Surgery, M. J. Bray, M.D.; Practice, L. S. Laycock, M.D.; Obstetrics, &c., Geo. B. Walker, M.D. *Fees*—Professors' Tickets, $10 each.

This is the third Medical School now in operation in Indiana, one being located at each extreme, and one in the centre of the State.

ROCK ISLAND MEDICAL SCHOOL.—The location of this School has been changed to Davenport, Iowa, and its style and designation altered to the "College of Physicians and Surgeons of the Upper Mississippi."

FRANKLIN MEDICAL COLLEGE is announced to go into operation the present autumn, at St. Louis.—*North Western Med. & Surg. Jour.*

Lemon Juice and Acetate of Potash in Rheumatism.—Dr. Theophilus Thompson, in reference to a discussion at the last meeting of the Medical Society of London, in which it was stated that lemon juice and acetate of potash were identical in their mode of action in rheumatism, related the case of a gentleman who, whilst taking acetate of potash for effusion into the pericardium consequent upon pericarditis, was seized with articular rheumatism; this increased in severity so long as the medicine was continued. The urine contained a large quantity of lithates; the heart symptoms abated. Lemon juice was substituted for the potash, and in a few hours all the rheumatic symptoms had disappeared, the urine having become copious and clear. The case illustrated the fallacy of founding a theory on a few cases.—*London Lancet.*

Cryptogamous Origin of Cholera.—The following are the conclusions arrived at by a committee of the London College of Physicians, appointed to examine this subject:

The "Cholera fungi" do not exist in the waters of a large number of the districts in which cholera prevails.

The "Cholera fungi" cannot, by the most careful examinations, be detected in the air of many rooms inhabited by cholera patients.

"Cholera fungi" are constantly to be found in the stools passed by patients laboring under other diseases than cholera.

"Cholera fungi" are occasionally to be found in healthy stools.

"The bodies which have been called 'different forms of the development of the cholera fungus,' are in quality the most dissimilar in their origin and chemical constitution."—*Philad. Med. Examiner.*

New Medical Books in London.—Healthy Homes: A Guide to the Proper Regulation of Buildings, Streets, Drains and Sewers.—The Cholera considered Psychologically. By Forbes Winslow, M.D.